

STATE OF MARYLAND



DEPARTMENT OF STATE POLICE OFFICE OF THE STATE FIRE MARSHAL

FIRE SPRINKLER CONTRACTOR LICENSE APPLICATION

		Current Licens	se Number MSC)	
1. PLEASE TYPE OR PRIMARY Applicant Name:	NT (<u>BLUE INK ONLY)</u> CLEARLY				
Officer's Title:	1				
Business Name:	+				
Business Name:					
City:	+	State:	1	Zip Code:	
Mailing Address:		State.		Zip Code.	
(If Different than above)		1		ı	1
City:		State:		Zip Code:	
Business Phone:		Fax:		•	
Business Cellular Phone:		Business Email:			
CLASS I CLASS II a CLASS II b CLASS II c CLASS III a CLASS III c CLASS III c CLASS III c	Inspection, testing and maintenance only; NF Installation, repair, modification only; NFPA 1 Layout only; NFPA 13D & 13R Systems only Installation, repair, modification and layout; NINSTALLAYOUT ONLY; NFPA 1 Layout only; NFPA 13, 13D & 13R Systems Installation, repair, modifications and layout; NFIED INDIVIDUAL	3D & 13R Sys IFPA 13D & 13 3, 13D & 13R	tems only BR Systems only Systems		
Business Address:		.		1	1
City:		State:		Zip Code:	
Business Phone:		Fax:			
Business Cellular Phone:		Business Email:			
Registration/License. If NICET ENGII in field of Fir	cation(s) to meet above Class of License. Attack more than one individual, include this information NEERING TECHNICIAN LEVEL II CERTIFICATION REPORTED TO THE PROTECTION OF PROTECTION: Inspection and Testing of Water-Baneering Technician Level II CERTIFICATION REPORTED TO THE PROTECTION OF PROTECTION: Engineering Technology Water-Baneering Tech	on on a separa I ased Systems N ased Systems I used (formerly N used (formerly N	ate sheet and attack Automatic Sprinkl Automatic Sprinkl	er) Systems La	ayout ayout

4. BUSINESS (SPRINKI FR) YFARS OF FYPERII	ENCE:	
,	/ <u>·</u>	
POLICY NUMBER AND EXPIRATION:	•	
Note: Attach copy of minimum \$1,000,000	0.00 comprehensive general liability certificate of insurance.	
The Office of the Maryland State Fire Mars	shal must be named as the certificate holder.	
6. REQUIRED FEE TO BE ENCLOSED:	\$300.00 - INITIAL APPLICATION	
o. Regoines i de 110 de enococes.	\$200.00 - RENEWAL APPLICATION	
	\$300.00 - LATE FEE	
	\$ 25.00 - DUPLICATE OR REVISED LICENSE CERTIFICATE	
MAKE CHECKS PAYABLE TO: MARYL	AND STATE FIRE MARSHAL'S OFFICE	
	een denied a sprinkler contractor's license in Maryland or in any other Startaken against such license?If yes, on a sepathe jurisdiction, date of denial or disciplinary action, and the nature	
misdemeanor violation of the Maryland State Fire	mployee of the contractor or applicant ever been convicted of any felone Code or the fire code of any other State or the District of Columbia?	
Maryland or any other State, local or District of (receipt of required permit(s) or certification(s)	employee of the contractor or applicant ever been notified by the Stat Columbia jurisdiction that work has been performed by your company with from the fire authority having jurisdiction? If yes, one of the jurisdiction, the nature and penalty imposed.	hout
	AFFIRMATION	
I, the applicant, do hereby acknowledge and affir		
•	address, notification will be made to the State Fire Marshal in writing w	ithin
fourteen (14) days.	nated Qualified Individual, notification will be made to the State Fire Marsh	al in
writing within five (5) days of termination		ai III
	 nation submitted on this application, notification will be made to the State	Fire
Marshal in writing within fourteen (14) d		
	urrent and in force with a 30-day cancellation notification provision.	
	ional Engineer's License shall remain current and in force.	
 f) All the laws, rules and regulations conce g) The corporate charter is in good standing 	erning this license will be ablided. ng and in event the status of the charter changes, notification will be mad	la ta
the State Fire Marshal in writing immedi		e io
_		
SIGNATURE OF APPLICANT:	DATE:	
	ION AND FEES TO THE OFFICE OF THE STATE FIRE MARSHAL	
State of		
County of		
On thisday of	, 20, before me, the undersigned officer, person	nally
	, an officer of the business, and n	
	n on this application and all statements made to procure a license are er knowledge, information, and belief; and also made oath that he/she is make this affidavit.	
(SEAL)		
•	NAT - 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	
	NOTARY PUBLIC SIGNATURE	
	My Commission Expires:	

<u>WARNING:</u> ANY PERSON WHO WILLFULLY MAKES A FALSE STATEMENT ON THIS APPLICATION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT NOT EXCEEDING THREE (3) YEARS, OR BOTH.

DESIGNATED QUALIFIED INDIVIDUAL AFFIRMATION

I, the Designated Qualified Individual, do hereby acknowledge and affirm the following:

- a) Accept the responsibility for performing or overseeing the work performed by other person(s) employed by the contractor in accordance with the prescribed regulations and appropriate good industry practices for the classification of license this application requests.
- b) A current NICET certificate(s) and/or Maryland Professional Engineer's License will be maintained.
- c) All the laws, rules and regulations concerning this license will be abided.
- d) If the undersigned is a Maryland Professional Engineer, by signing this affirmation, the Maryland Professional Engineer acknowledges that he/she is knowledgeable in areas of fire sprinkler systems.

•	SIGNATURE OF DES	SIGNATED QUALIFIED	INDIVIDUAL		DATE			
	RETURN e of		TION AND FEES	TO THE OF	FICE OF T	HE STATE FIRE MARS	HAL	
befo busi licer	ore me iness, and made oat nse are full, complet	th in due form of the late, correct, and true to	w that all inform	nation on thi	, the nam is applicat ge, informa	ned Designated Qualification and all statements ation, and belief; and a	ed Individual of the made to procure a	
		(SEAL)						
			NOTARY PUBLIC SIGNATURE					
			My Commission Expires:					
MIS		ON WHO WILLFULLY ON CONVICTION IS SU YEARS, OR BOTH.						
SUBMIT APPLICATION AND FEE TO: OFFICE OF THE STATE FIRE MARSHAL 201 Baptist Street, Suite 17 Salisbury, Maryland 21801 FOR OFFICE OF STATE FI			FOR INFORMATION CONTACT: OFFICE OF THE STATE FIRE MARSHAL 201 Baptist Street, Suite 17 Salisbury, Maryland 21801 410-713-3780 FAX: 410-713-3790 http://mdsp.org/firemarshal					
	APPROVED	LICENSE NUMBER				EXPIRATION DATE		
	DISAPPROVED	REMARKS						
AUTHORIZED SIGNATURE			DATE					

NOTE: The application will be returned unprocessed if not an original, or if blanks not are completed (<u>in blue ink if printed</u>) or if all required documentation is not included. Information provided on this application may be subject to the Freedom of Information Act.

CD REF#

PAID AMOUNT